
CHAPTER 16: DENTAL SERVICES

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NON-COVERED SERVICES

Non-covered services include but are not limited to the following:

- Procedure codes not included in the fee schedule located in Appendix C of this document
- Routine post-operative services (these services are covered as part of the fee for the initial treatment provided)
- Treatment of incipient or non-carious lesions
- Routine panoramic radiographs, occlusal radiographs, upper and lower anterior, or posterior periapical radiographs (when utilized as part of an initial examination or screening without a specific diagnostic reason why the radiograph(s) is necessary)
- General anesthesia
- Administration of in-office pre-medication